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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINE ETHICS COMMISSION

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

| Please check if this is an undate to a proviously start and | |
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| Please check if this is an update to a previously filed statemer LEGISLATOR INFO | |
| Name Mark Paul Sanson Mailing address | Member of: ☐ House ☐ Senate |
| 34 Musket Dr | District 20 |
| City, zip code Auburn, ME 04210 | 207-983-997 / |
| PART 1. INCOME DERIVED FROM EM | MPLOYMENT BY ANOTHER |
| List the name and address of each employer from whom you rec principal type of economic activity of each employer. | ceived compensation of \$1,000 or more. Specify the |
| Name of Employer Addi | ress Principal Type of Economic Activity of Employer |
| Mechanics Savings 100 Minot Av Bank Aubum, M | E 04210 Bank |
| State of Maine | State-Legislation |
| | |
| PART 2. INCOME DERIVED FROM (Eor Legislators who are sel | |
| A. List the name and address of your business, if any, and list the derived income. If associated with a partnership, firm, professional areas of economic activity of that entity. | |
| Name and Address of Business Entity Major Areas | of Economic Activity (self) Major Areas of Economic Activity (partnership, association or similar |
| ame: | business entity) |
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| is arouter, and specify the princing | ived from self-employr I type of economic act e, or an established co | ivity of the entity | nts more than 10% of | your gross income or \$1,000, which you derived such income. If this for the principal type of economic activi |
| | Name and Address of | Source | | Principal Type of Economic Activity of Entity or Person Williams the Source of the Income |
| Name: | | | | ** " * Ambrook de printers en |
| Address: Name: | | THE COLUMN TO THE COLUMN THE COLU | ASSAULT STATE OF THE STATE OF T | |
| Address: | | | OF PRACTICE | |
| List your major areas of practice. | 20. 11. 201. 127 1 217 1 217 | ators who are attor | · · · · · · · · · · · · · · · · · · · | your firm. |
| the state of the s | l Address of Firm | | Major Areas of (self) | |
| Name: Address: | | | | |
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| Address: | - | | | |
| | The state of the s | to the state of th | ES OF INCOME | |
| List each source of income of \$1,0 | 00 or more <u>not listed</u> ir | 1 Parts 1, 2, or 3 | of this form. Do not inc | clude gins. It none, check the box. |
| ☐ None | | | | Kind of Income |
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| Name: | AUGULD, ME | COLUMN TO THE PROPERTY OF THE | | |
| Address: | | | | The state of the s |
| | The state of the s | REPORTABLE | Control of the second s | |
| List the names of creditors for any areas of economic activity of each | unsecured loans of \$ creditor. Do not list loans | 3,000 or more th ans from a relativ | at you received during e. If none, check the b | the reporting period, and list the moox |
| None | | ARK TO THE TOTAL OF THE TOTAL O | And the second s | |
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| Address: | | EIKEPAR AND | | 5 5 5 5 |
| Name: | • | | | Lima Analalian da sa |
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| List the specific source of each gift | the state of the s | 6. REPORTAL clude gifts with a | 44 - 1934, 17 - 12 1 | nore than \$300 from a single source |
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